



Accreditation Application Form for Faculty Development Activities

Mainpro+ Certification Platform
 The College of Family Physicians of Canada

Before beginning the application for Mainpro+ Certification, providers are expected to review the [Guide to Mainpro+ Certification](#) thoroughly. Failure to adhere to Mainpro+ Guidelines may result in a delay in the review process or a rejection of the application. The questions on this application form are only meant for activities which meet the CFPC’s definition of faculty development as follows *“faculty development is defined as a broad range of activities used to renew or assist faculty, supervisors, preceptors, field instructors, and clinical educators in their roles. These activities are designed to improve an individual’s knowledge, skills, attitudes, and behaviors related to teaching, educational administration and leadership, and scholarship.”*

Program Details

In what language(s) do you intend to deliver the program?

English

French

Both

Program Title:

Program Start Date:

Name of the physician organization accountable for this program (required for activities delivered in Quebec):

Provider Organization:

Contact Name:

Email:

Telephone:

Select the program type:

Faculty Development Program

Do you intend to deliver this program in Quebec?

YES

NO

If yes, please refer to the “Mainpro+ certification of programs delivered in the province of Quebec” section of the *Understanding Mainpro+ Certification* guide and read the specific requirement related to program delivery in Quebec before proceeding with this application. If your scientific planning committee and program structure do not meet the requirements, this program cannot be delivered as Mainpro+ certified in Quebec (and CFPC members may not claim certified credits for attending any session delivered in Quebec).



Financial

1. Will this program receive financial or in-kind sponsorship from an external organization? YES NO

If yes, program providers are required to upload a copy of the program budget for review.

Sponsor Name	Type of Support		
	Financial support Amount received or anticipated to receive:	In-kind support Description:	For-profit sponsor or Non-profit sponsor
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2. Registration fee:
3. Additional costs to participants (describe in detail):
4. Are there any social events or activities associated with this program? YES NO
5. Describe in detail the social activities related to this program including when these activities take place in relation to the certified learning:

Location and Credits

1. Select the format for this program:

Live

In person

Webcast

Online self-study



2. Is this program being marketed to a single province/territory? YES NO

3. Select all the provinces and/or territories in which the program will be marketed:

Alberta	Nunavut
British Columbia	Ontario
Manitoba	Prince Edward Island
New Brunswick	Quebec
Newfoundland & Labrador	Saskatchewan
Northwest Territories	Yukon
Nova Scotia	

4. Identify the faculty development domain for which this program is designed:

Clinical Preceptor

- Clinical coach (supervisor in day-to-day practice)
- Competency coach (an educational adviser along the course of learner training)

Teacher outside the clinical setting (design and delivery of teaching sessions outside of the clinical setting)

Educational Leader

Educational Scholar

5. Identify the appropriate credit category:

Certified Activity

Certified Assessment Activity

6. What type of assessment is taking place? (if Certified Assessment Activity is selected).

Group Practice

Individual Practice

Organization

7. Identify the objective measurement of change employed in this assessment activity (if Certified Assessment Activity is selected above).

Fulfillment of a quality improvement cycle

Commitment to change contract with follow-up

Observation and feedback in a practice setting

Summative assessment of change in knowledge/skill/performance

Goal setting with follow-up/feedback

Other - please describe

Upload a copy of the objective measurement of change used for this assessment activity.

8. Will this activity include enhanced activities? YES NO

9. (If yes to above and Certified Activity is selected) Select the enhanced activities you will be providing:

A needs assessment activity that can be completed by program participants that incorporates data from their teaching practice.

Teaching tools and resources with follow-up about impact on practice to increase practice relevance and reinforce learning after the program.

An exercise that includes formal reflection on application of learning to teaching over a realistic period to assess practice change.

An objective measurement of change for participants such as:

- Knowledge test
- Commitment to change with follow-up
- Student outcome measurement



10. (If yes to above and Certified Assessment Activity is selected) Select the enhanced activities you will be providing:
 Formal reflection on the application of changes to teaching/education/administration/leadership/research because of the assessment activity.
 Meeting with a coach or peer related to a teaching, education, administration, leadership or research improvement plan.
 Completion and implementation of a practice improvement plan with follow up after a realistic period.
 Completion of a knowledge test after a realistic period.
11. Describe how the enhanced activities selected serve the program learning objectives:
12. Program duration requested:

Planning

1. Is the scientific planning committee independent and responsible for content development?
YES NO
2. Target Audience:
 Faculty/Teachers (default to selected)
3. Identify the CFPC program planning/scientific planning committee member(s) actively involved in the program planning committee:
4. List all other planning committee/scientific planning committee members and their affiliations:

Name	Affiliation	Member ID (if applicable)	Email Address

5. Does this activity include speakers and/or presenters/facilitators/coaches/peer reviewers/assessors?
YES NO
6. We attest that the program/scientific planning committee was actively involved in:
 Determining learning needs
 Selecting topics
 Determining program content
 Selecting and training speakers/presenters (if applicable)
 Reviewing evaluation(s)



7. The scientific planning committee, speakers, moderators, facilitators, and authors have completed conflict-of-interest disclosure forms and potential conflicts of interest will be disclosed to participants.

YES NO

Upload completed COI forms for all planning committee members.

8. The scientific planning committee has developed a process for managing disclosures of conflict of interest and mitigating bias for speakers and/or presenters/facilitators/coaches/peer reviewers/assessors.

YES NO

9. We attest that there is a communication plan in place to make sure that presenters and facilitators are aware of:

Mainpro+ Education Standards
 Program learning objectives
 CFPC Conflict of Interest disclosure slide presentation requirements
 All applicable ethical standards including the National Standard for Support of Accredited CPD Activities

10. We attest that:

This activity will not include content created by health care pharmaceutical industry (HPI) organizations or agencies working on their behalf
 We will adhere to all ethical and administrative standards for promoting and marketing this activity

Quality Criteria & Documentation

1. Program keywords:

Assessment	Learning plan
Clinical reasoning	Patient safety
Clinical teaching	Reflection on own teaching
Coaching	Selectivity
Evaluation	Time management
Feedback	Curriculum planning
Learner in difficulty	
Learner safety	

Other - please describe

Quality Criterion 1: Needs Assessment and Practice Relevance

1. Select the needs assessment methods used to identify the unperceived needs of the learners:

Literature reviews
 Student feedback
 Student assessment results
 Accreditation reports
 Medical education literature
 Gap analysis
 Interviews with stakeholders
 Other - please describe



3. (If Certified Assessment Activity) Identify the forms of feedback that will be used in this assessment activity:
Self-assessment of practice questionnaire with results compared to standards
Teaching assessment review exercise
Peer observation of teaching with feedback
Debrief and feedback from simulation
Feedback from coaches, peers, students, or mentors
Other - please describe
4. (If Certified Activity) Upload a copy of the activity agenda or lesson plans that outline the time spent in each intervention as well as the interactive elements.
5. (If Certified Assessment Activity) Upload a copy of the assessment tool/format used.
6. (If Certified Assessment Activity) Demonstrate how learning outcomes can be measured and achieved within the assessment activity timeframe:
7. Explain how participation is tracked, and how learners can receive answers to questions about the program content:
8. Explain how you have considered information and perspectives from various cultural, social, and demographic backgrounds to enrich the learning experience. If you have not considered these, please identify how you might do so for future activities:
9. Explain the specific strategies used to make sure the program content reflects the diverse perspectives relevant to the topic/content discussed. If you have not considered this, please identify how you might do so for future activities:
10. Describe your approach to designing instructional and learning activities that accommodate diverse learning preferences, abilities, challenges, interests, and knowledge. If you have not considered this, please identify how you might do so for future activities:
11. Provide examples of how you created an inclusive learning environment that considers accessibility needs of diverse participants. If you have not considered this, please identify how you might do so for future activities:



Quality Criterion 3: Incorporation of Evidence

1. Select the evidence source(s) used to design this program:
Pedagogical literature
Social sciences literature
Humanities literature
Business literature
Educational theory
Other - please specify
2. Describe how evidence was identified and selected for this activity:

Quality Criterion 4: Evaluation and Outcome Assessment

1. Describe the evaluation strategy selected and how it serves as a measure of learning objective effectiveness:
2. Describe how participants will be engaged in evaluating the proposed activity:
3. Describe how evaluation feedback is used, who reviews it, how often it is reviewed, and how it is used for quality improvement:
4. Upload a copy of the evaluation form/format that includes:
Collection of data that can be disaggregated to guarantee feedback from equity-seeking learners
Learner feedback about the facilitation and delivery of the activity and how well the instructors/facilitators created a safe, accessible, and productive learning environment
(For Certified Assessment Activities) An objective measurement of change in competence or performance for learners
Self-reported change in teaching, education, administration, leadership, and research competencies through the Fundamental Teaching Activities Framework and/or CanMEDS-FM Roles (as identified in the learning objectives)
Evaluation of learning confidence in achieving/implementing program learning objectives
Evaluation of potential biases within the program

If delivered in Quebec, includes the following question:
Did the activity respect the CQDPCM code of Ethics? YES or NO



Additional Upload Requirements for Review:

- Budget (if applicable)
- Conflict of Interest forms for the planning committee
- Program agenda and/or program invitation or brochure
- Evaluations
- Previous evaluation results
- Description of the assessment tool
- Tools used to facilitate needs assessment
- Program/activity content
- List of intended topics for discussion
- Sponsorship Agreement
- Sponsor Branding
- If this program has for-profit financial support, please upload examples demonstrating corporate and product colors and branding for comparison purposes.
- Any other relevant materials

As the chair of the scientific planning committee (or equivalent), I accept the responsibility for the accuracy of the information provided in response to the questions listed on this application, and to the best of my knowledge, I certify that the CMA's guidelines, entitled CMA Policy: Guidelines for Physicians in Interactions with Industry (2021) and National Standard for Support of Accredited CPD Activities have been met in preparing for this activity.

Signature:

Date: